

# Patterns and Trends of Drug Abuse in Chicago: 2013

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## ABSTRACT

*Heroin's continuing prominence in most indicators, including proportions of treatment episodes, number of drug reports among items seized by law enforcement and analyzed in National Forensic Laboratory Information System (NFLIS) laboratories, and number of overdose deaths (specifically in the suburban counties around Chicago—DuPage, Kane, Lake, McHenry and Will Counties), along with the drug's use by young suburbanites, is the most important finding for the Chicago area for this reporting period. Epidemiological indicators suggested that heroin, cocaine, and marijuana continued to be the most commonly used illicit substances in Chicago during this reporting period. These drugs accounted for 90 percent of the reports from drug items seized by law enforcement and analyzed in NFLIS laboratories in 2013. Heroin continued to be the major opiate abused in the Chicago region, and many heroin-use indicators were increasing or maintaining levels that have been elevated since the mid-1990s. Heroin ranked first as primary drug for clients entering publicly funded drug treatment in Chicago in fiscal year (FY) 2012, second in the number of seizures by police in 2013, and essentially was tied for first with alcohol in the rate of Drug Abuse Warning Network (DAWN) emergency department (ED) heroin-involved visits in 2011. Heroin purity increased from 2006 to 2009 and then declined in 2011 and 2012, although it remained within the typical range for the past decade. Heroin purity at the street level and the price per milligram pure in 2011 were within the typical range for the past decade, at 13.6 percent and \$0.58, respectively. The Illinois Poison Center reported an increase in calls during the summer of 2012 regarding potent heroin that required high levels of naloxone to reverse when overdoses occurred. New heroin users were typically young, White suburban residents. Cocaine indicators suggested a continuing decline. In 2012, cocaine fell to third in the number of drug reports among items seized and analyzed by NFLIS laboratories, behind marijuana and heroin; the decline continued in 2013. Cocaine also fell to third among reasons for entering publicly funded treatment programs in FY 2009 and then fell to fourth in FY 2012. ED rates for cocaine in the DAWN database declined significantly between 2004 and 2011 and from 2009 to 2011. Among detainees at the Cook County Jail who participated in the Arrestee Drug Abuse Monitoring Program (ADAM) II, urinalyses and self-reports indicated declines in cocaine use from 2010 to 2012. Hydrocodone (compared with oxycodone) continued to be the most available prescription opioid to nonprescribed users. While these drugs were reported far less often than heroin in the DAWN ED database, weighted rates significantly increased between 2004 and 2011 for hydrocodone (106 percent) and oxycodone (81 percent). In the 2011 Youth Risk Behavior Survey (YRBS), these opioids were the third most mentioned drugs by 9th–12th grade students, after marijuana and inhalants. Methamphetamine indicators suggested little use in Chicago; the drug was most often found in downstate and*

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***western Illinois. Marijuana use (ever) among 9th–12th grade students in Chicago remained approximately level. The Drug Enforcement Administration and Chicago Police Department reported increases in supply sources for marijuana, including local grow houses. Indicators for MDMA (3,4-methylenedioxymethamphetamine) and drugs sold as MDMA suggested low but increasing use, including among 9th–12th grade students. ED rates for MDMA-involved visits were significantly higher in 2011 compared with 2010 (an increase of 71 percent) and 2004 (an increase of 221 percent). Ethnographic reports suggested that MDMA (or drugs sold as MDMA) was popular among young, low-income African-Americans and was readily available. The 2011 YRBS indicated a continuing increase in inhalant use by students. NFLIS data showed declines in 2013 in reports from seized and analyzed drug items identified as piperazines (primarily BZP [1-benzylpiperazine]), synthetic cathinones (marketed as “bath salts”), and synthetic marijuana compared with 2012, but all remained above 2011 levels. Tryptamine reports declined steeply from 403 in 2011, to 307 in 2012, and to 168 in 2013. PCP (phencyclidine) indicators showed low levels of use, although reports for PCP among analyzed drug items remained above the national average and increased by 19 percent compared with 2011. Some indicators suggested continuing increases in benzodiazepine use.***

## INTRODUCTION

This report is produced for the Community Epidemiology Work Group (CEWG) of the National Institute on Drug Abuse (NIDA). As part of this epidemiological surveillance network, researchers from 21 U.S. areas monitor trends in drug abuse using the most recent data from multiple sources.

### Area Description

Because of its geographic location and multifaceted transportation infrastructure, Chicago is a major hub for the distribution of illegal drugs throughout the Midwest. Located in northeastern Illinois, Chicago stretches for 25 miles along the shoreline of the southern tip of Lake Michigan. The 2010 U.S. Census estimated the population of Chicago at 2.7 million. This represented a decline of 7 percent since 2000, and it was the city's lowest population since 1910. Census figures for mid-2011, however, indicated a slight population increase (by 0.5 percent). The population of non-Hispanic African-Americans and Whites decreased, by 17 and 6 percent, respectively, while Hispanics experienced a modest increase of 3 percent. The population of Chicago is 32.4 percent non-Hispanic African-American, 31.7 percent non-Hispanic White, and 28.9 percent Hispanic. Cook County, which includes Chicago, had a population of 5.2 million in 2010, which was a decline of 3 percent from 2000. The Chicago-Naperville-Michigan City, IL-IN-WI Metropolitan Statistical Area (MSA) had a population of 9.4 million in 2010, and it was the third largest MSA in the United States. Among U.S. cities, Chicago has the third largest Mexican-American and second largest Puerto Rican populations.

The U.S. Bureau of Labor Statistics estimated unemployment for the Chicago MSA to be 7.3 percent in April 2014, down from 9.3 percent in May 2013 and the peak of 11.3 percent in December 2009. The census estimated that the proportion of Chicago residents living below the Federal poverty level increased from 20 percent in 2000 to 22 percent in 2010.

## Data Sources

Information for this report was obtained from the sources described below:

- **Treatment episode data** for the State of Illinois and Chicago for fiscal years (FYs) 2002–2012 (July 1–June 30) were provided by the Illinois Division of Alcoholism and Substance Abuse (DASA). Declines in drug treatment episodes should be understood within the context of reductions in the availability of treatment. Treatment episodes declined by 49 percent from 67,778 in FY 2007 to 34,807 in FY 2010, and they then increased by 9 percent in FY 2012 to 37,986.
- **Emergency department (ED) data** were derived for calendar year 2011 from the Drug Abuse Warning Network (DAWN). It should be noted that significance tests for changes in DAWN data did not compare the most recent (2011) data with all previous years. Instead, the 2011 data were compared only with 2004, 2009, and 2011 data.
- **Data on drug reports among items seized and analyzed in forensic laboratories** are from the Drug Enforcement Administration (DEA)'s National Forensic Laboratory Information System (NFLIS). Data are for the Chicago-Naperville-Michigan City, IL-IN-WI MSA. NFLIS methodology allows for the accounting of up to three drugs per item submitted for analysis. The data presented are a combined count including primary, secondary, and tertiary reports for each drug for calendar years (CYs) 2009–2012. Data for 2012 are preliminary and are subject to change. Drug seizure data also came from the DEA's Chicago Field Division, which is composed of the States of Indiana, Minnesota, North Dakota, Wisconsin, and the Northern and Central Federal Judicial Districts of Illinois.
- **Arrestee drug use data** were derived from the Arrestee Drug Abuse Monitoring (ADAM) II program, sponsored by the Office of National Drug Control Policy. ADAM II collected data regarding drug use and related issues from adult male booked arrestees in five counties across the country. ADAM II data come from two sources—a 20–25-minute face-to-face interview and urinalysis of a test sample for the presence of 10 different drugs. Participation in both the interview and the urine test is voluntary and confidential. Data were collected between April 1 and July 15 and then statistically annualized to represent the entire year. During that period, 1,938 interviews were conducted and 1,736 urine specimens were collected from a probability-based sample of adult male booked arrestees within 48 hours of their arrest. When weighted, the samples represented 14,155 persons arrested and booked in the 5 ADAM counties during the data collection period. Since 2007, in these 5 sites alone, almost 15,000 interviews have been conducted and almost 13,000 urine specimens have been tested, representing more than 100,000 arrests.
- **Drug-related mortality data** on deaths were obtained from the Will County Coroner's Office, the *Northwest Herald*, the AIDS Foundation of Chicago, the American Civil Liberties Union, the *Chicago Sun Times*, the Lake County Coroner's Office, and the DuPage Coalition Against Heroin.
- **Price and purity data for heroin** were provided by the DEA's Heroin Domestic Monitor Program (HDMP) for 2001–2011. Drug price data are reported from the February 2010 report of *National Illicit Drug Prices* by the National Drug Intelligence Center (NDIC) and from HDMP 2011 data from the DEA. Ethnographic data on drug availability, prices, and purity are from observations conducted by the Community Outreach Intervention Projects (COIP), School of Public Health, University of Illinois at Chicago (UIC).

- **Survey data on student populations** were derived from the 2011 Youth Risk Behavior Survey (YRBS), prepared by the Centers for Disease Control and Prevention (CDC). These data provided drug use data representative of students in grades 9 through 12 in Chicago public schools.
- **Drug use estimates** were derived from two sources: the NIDA-funded “Sexual Acquisition and Transmission of HIV—Cooperative Agreement Program” (SATHCAP) study in Chicago (U01 DA017378), and the CDC’s National HIV Behavioral Surveillance (NHBS) program (Chicago Department of Public Health, *HIV Risk and Prevention Behaviors Among Men Who Have Sex With Men, Chicago, 2008 and 2011*. Chicago, IL, December 2012). For SATHCAP, respondent-driven sampling was used at multiple sites in Chicago to recruit both males and females who use “hard” drugs (cocaine, heroin, methamphetamine, or any illicit injected drug), men who have sex with men (MSM) regardless of drug use, and sex partners linked to these groups. Participants in this study ( $n=4,344$ ) completed a computerized self-administered interview and were tested for human immunodeficiency virus (HIV), syphilis, chlamydia, and gonorrhea. The 2011 NHBS survey used time-location sampling to recruit 526 men 18 and older who reported having sex with men. Study participants completed a survey that included questions about drug use in the past 12 months and were tested for HIV.
- **Acquired immunodeficiency syndrome (AIDS) and HIV data** were derived from the *HIV/STI Surveillance Report*, Chicago Department of Public Health (CDPH), Dec. 2013, and from *HIV Risk and Prevention Behaviors Among Men Who Have Sex with Men, Chicago, 2008 and 2011*, CDPH, Dec. 2013. Additional data were drawn from the UIC SATHCAP study described above in the section, “Drug use estimates.”

Several of the sources traditionally used for this report have not been updated by their authors or were unavailable at the time this report was generated.

## DRUG ABUSE PATTERNS AND TRENDS

Although this report of drug abuse patterns and trends is organized by major pharmacologic categories, readers are reminded that multidrug consumption is the normative pattern among a broad range of substance abusers in Chicago. Various indicators suggest that drug combinations play a substantial role in drug use prevalence.

### Cocaine/Crack

The majority of quantitative and qualitative cocaine indicators suggested that cocaine/crack use was declining, although it remained at high levels in Chicago. Cocaine continued to constitute a serious drug problem for Chicago.

ED mentions for cocaine in the DAWN database (weighted rates per 100,000 population) declined for the fifth consecutive year between 2006 and 2011. The rate in 2011 (233 per 100,000) was significantly lower ( $p<.05$ ) by 5 percent compared with 2009 (248 per 100,000) and by 29 percent compared with 2004 (336 per 100,000).

The number of treatment episodes for primary cocaine use in Chicago continued to decline from the FY 2006 peak of 17,764, to 7,272 in FY 2010, and to 5,665 in FY 2012 (exhibit 1). While budget



cuts contributed to a 44-percent reduction in all treatment episodes between FY 2007 and FY 2012, cocaine episodes experienced the greatest decline during this period (by 66 percent). The majority of cocaine clients (82 percent) reported treatment for crack cocaine use, which was a lower proportion than in FY 2011 (89 percent). Cocaine was the most commonly mentioned secondary drug among clients treated for primary alcohol and heroin problems. In FY 2012, African-Americans remained the largest group treated for cocaine abuse (at 80 percent); more males sought services for cocaine addiction (61 percent) than females (exhibit 1).

Among the 430 male arrestees sampled in 2012 by ADAM II at the Cook County Jail, 395 (94 percent) consented to interviews, and 374 of them (95 percent) provided a urine sample for drug testing. Most of the arrestees (86 percent) tested positive for at least one illicit drug. More than one-fifth (22 percent) were positive for multiple drugs, a significantly lower level ( $p \leq .01$ ) than found in the 6 years in which ADAM was conducted (between 2000 and 2008). Nineteen percent were urinalysis-positive for cocaine. This proportion marked the fourth consecutive year of decline and was significantly lower ( $p < .01$ ) than in 2007 (41 percent), 2008 (44 percent), and 2009 (33 percent,  $p \leq .05$ ). Self-reported crack use in the 30 days before arrest declined for the fourth consecutive year and was significantly lower ( $p \leq .01$ ) in 2012 (at 9 percent) compared with 2007 and 2008 (at 23 percent in both years). Chicago arrestees were the least likely (at 2 percent) to report using powdered cocaine in the 30 days before arrest.

For the first time since at least 2000, cocaine reports among drug items seized and analyzed by NFLIS laboratories fell to third among all drug reports in 2012, following marijuana/cannabis and heroin. Cocaine reports declined again in 2013, constituting 16 percent of total drug reports. This change represented a decline from 22 percent in 2009 and 20 percent in 2010. Between 2011 and 2013, the total number of cocaine reports declined by 22 percent (exhibit 2).

The amount of cocaine seized by the DEA's Chicago Field Division in FY 2012 declined for the eighth consecutive year to the lowest level in more than 20 years. The 255 kilograms of cocaine seized in FY 2012 represented a 94-percent reduction compared with FY 2007—the peak year since FY 2000—and an 86-percent reduction since 2007, the first year that cocaine shortages were reported.

The DEA reported an increase in the wholesale price of a kilogram of powder cocaine in Chicago, from \$17,000–\$25,000 in 2007, to \$21,000–\$34,500 in the first half of 2011, and to \$24,000–\$45,000 in FY 2012. Ethnographic sources noted kilogram prices as high as \$35,000–\$40,000 in 2012. Prices for an ounce of powdered cocaine reported by the DEA in FY 2012 ranged from \$600 to \$1,700, and ethnographic sources reported a range of \$600–\$1,000 for 1 ounce in early 2013. Prices for 1 ounce of crack cocaine during the same periods ranged from \$750 to \$1,700, according to the DEA and ethnographic sources. Crack typically sold for \$5–\$20 per bag; this price has been stable for many years. Ethnographic reports indicated that while crack cocaine remained readily available in street markets, there continued to be reports of areas with only moderate availability. The availability of powdered cocaine was moderate to low.

When participants in the 2012 ADAM II study were asked about their most recent purchase of crack cocaine, 60 percent said they used an outdoor drug market, which was close to the levels reported in 2007, 2008, and 2009.

The 2011 YRBS assessed current (previous 30 days) and lifetime cocaine use among public school students in grades 9–12 in the city of Chicago. In 2011, 2.2 percent (1.6–3.1, 95-percent confidence interval [CI]) of Chicago students reported cocaine use in the past 30 days, down from 3.4 percent in 2010 (although the decline was not statistically significant). Lifetime use for these students was 4.2 percent (CI=2.4–7.3) in 2005, compared with 6.7 percent (CI=4.3–10.1) in 2009. Although this 2009 level represented the highest level since the first YRBS survey in 1991, the difference was not statistically significant. The level was 5.9 percent (CI=4.7–9.4) in 2011 (again, not a statistically significant difference).

## Heroin

Heroin abuse indicators in this reporting period continued to suggest high levels of use in the Chicago area. Most heroin in Chicago comes from Colombia and Mexico, and its distribution locally is controlled by Mexican cartels. Heroin in Chicago is most often sold in a powdered form and is available in easily accessed outdoor markets. Tar heroin is available, although mostly in neighborhoods where residents are predominately of Mexican descent.

During FY 2012, heroin use was the most frequently reported reason for seeking addiction treatment in Chicago, representing 40 percent of treatment episodes (exhibit 1). Among these treatment episodes, the most common secondary substances reported were cocaine (29 percent, down from 43 percent in 2010) and alcohol (11 percent). The number of primary heroin treatment episodes in Chicago increased to 15,360 in FY 2012, up from 13,312 in FY 2011. The increase may be due mostly to the partial restoration of funds cut in recent years. The number of clients treated for heroin use in State-supported programs increased considerably from FY 2002 to a high in FY 2005 of 33,662 clients. Numbers then decreased to approximately 27,000 in both FYs 2006 and 2007 and to 15,360 in FY 2012, largely due to declines in the availability of publicly funded treatment slots. The proportion reporting inhalation (“snorting”) as the primary route of administration declined from 81 percent in FY 2009 to 72 percent in FY 2012. The proportion reporting injection as the primary route of administration increased from 14 percent in FY 2007, to 17 percent in FY 2009, to 19 percent in FY 2010, and to 21 percent in FY 2012 (exhibit 1). In contrast, clients entering treatment programs outside of Chicago were more likely to report injection as the primary route of administration; this proportion increased markedly from 46 percent in FY 2007 to 66 percent in FY 2012. Recent research indicated that injection was declining among African-Americans and was perhaps increasing among Whites (Armstrong, 2007; Broz and Ouellet, 2008; Cooper et al, 2008), which may account for some of this difference in injection prevalence. While clients entering treatment for heroin in Chicago were more likely to be African-American (74 percent), clients from the remainder of Illinois were more likely to be White (73 percent).

Heroin ED rates from 2004 and 2009 to 2011 were stable, but they led all substances in 2011, including alcohol, for the first time since 2004. Heroin ED rates increased significantly by 22 percent from 2010 to 2011. The rate for 18–20-year-olds declined between 2004 and 2007 to a low of 121 per 100,000 population, but rose to 168 per 100,000 in 2011. The same pattern was found for persons age 21–25, with rates increasing from 187 per 100,000 in 2007 to 305 per 100,000 in 2011. ED rates for heroin were twice as high for males (363 per 100,000) as for females (159 per 100,000).

ADAM II data indicated that 15.1 percent of male arrestees at the Cook County Jail tested urinalysis-positive for opiates in 2012; this represented a decrease from 2011 (18.6 percent) and 2009 (17.6 percent)

and was significantly lower ( $p<.05$ ) than in 2008 (28.6 percent). This was the highest level among the five ADAM II sites nationally. The average age of males testing positive for opiates in 2010–2012 was 38.7 years, higher than the average age for 2000–2003 (37.4 years). Whites were more likely to test positive for opiates than were African-Americans and Hispanics. Among Chicago arrestees who used heroin, 37 percent said they injected the drug (fewer than in the other four cities in the ADAM II study), up from 21 percent in 2010 and a significant increase ( $p<.05$ ) compared with 4 of the 5 years ADAM was conducted between 2000 and 2007. When Chicago participants in the 2012 ADAM II study were asked about their most recent purchase of heroin, 92 percent said they used an outdoor drug market. This proportion was significantly greater ( $p\leq.01$ ) than in 2007 (55 percent), 2008 (54 percent), 2009 (38 percent), and 2011 (51 percent).

The purity of street-level heroin peaked in 1997, at about 31 percent pure, and then began a steady decline to 12.6 percent pure in 2006 (exhibit 4). However, the average price per milligram pure was \$0.49 in 2006, which was among the lowest prices in CEWG cities nationally. Purity rebounded to 22.4 percent pure in 2007, to 23.8 percent pure in 2008, and to 26.6 percent pure in 2009, and it then declined to 13.8 percent pure in 2011 and 13.6 percent pure in 2012. This change was accompanied by a decline in the average price to \$0.37 per milligram pure in 2008 and 2009. In 2012, the price per milligram pure was \$0.58.

According to NFLIS, heroin was the second most often identified drug among reports from items seized and analyzed in the Chicago MSA in 2013, accounting for 19.9 percent of all reports (exhibit 2). Between 2011 and 2013 the total number of heroin reports increased by 21 percent (exhibit 2).

The amount of heroin seized by the DEA's Chicago Field Division since 2006 has increased in every year except 2010. The 180 kilograms of heroin seized in FY 2012 represented a more than fourfold increase since 2006, which was the low point between 2000 and 2012.

The YRBS reported lifetime use of heroin among Chicago public high school students at 2.0 percent (CI=0.9–4.4) in 2005, compared with 4.7 percent (CI=3.0–7.2) in 2009 and 3.9 percent (CI=2.9–5.2) in 2011. The increase from 2005 to 2011 was statistically significant. More use was reported among male (5.1 percent) than among female (2.2 percent) students.

Heroin prices varied depending on type and origin. Heroin was commonly sold on the street in \$10 and \$20 units (bags), although bags for as little as \$5 were available. The DEA reported kilogram price ranges in FY 2012 of \$55,000–\$70,000 for South American heroin, \$55,000–\$100,000 for Mexican brown, and \$45,000–\$48,000 for Mexican black tar heroin. Ethnographic reports in 2012 regarding kilogram prices for these three types of heroin were approximately \$100,000, \$80,000, and \$60,000, respectively. For heroin whose source was unknown, kilogram prices ranged from \$51,000 to \$60,000, according to the DEA. Prices for an ounce of heroin ranged from \$2,100–\$3,200 for South American, to \$1,000–\$1,600 for Mexican brown powder, and to \$1,900–\$2,700 for Mexican black tar heroin, as reported by the DEA. Ethnographic sources reported a range of \$600–\$1,000 for 1 ounce of heroin (type not cited) in early 2013. Gram prices for heroin reported by the DEA ranged from \$60 to \$250, while ethnographic reports found a typical range of \$80–\$100. “Jabs” of heroin typically featured 12–13 “dime” bags for \$100. Ethnographic reports indicated that heroin was readily available in street markets. DEA reports indicated gram prices for brown and black tar heroin typically ranged from \$70 to \$110.

A substantial problem with heroin use began in the 1990s across many of Chicago's suburbs. In local studies conducted of people age 30 and younger who injected drugs, almost all of whom primarily injected heroin, the proportion residing in the suburbs has risen. These proportions increased from negligible levels in the early 1990s, to 30–50 percent in the late 1990s-to-mid-2000s (Boodram et al, 2010; Thorpe et al, 2001), and to 75 percent in the late 2000s (Mackesy-Amiti et al, 2012). As another indicator of increasing heroin use in Chicago's suburbs, the number of heroin purchases by the DuPage Metropolitan Enforcement Group in 2011 was more than 3 times greater than in 2008 (59 in 2011 compared with 16 in 2008), and the amount of heroin seized was more than 16 times greater in 2011 (1,835 grams). Overdose deaths in DuPage County, which encompasses relatively affluent suburbs west of Chicago, increased from 29 in 2010 to 46 in 2013. In September 2013, officials established the DuPage Narcan Program to equip and train law enforcement officers in the administration of Narcan® (naloxone), a safe, nonaddictive medication effective in reversing opioid overdoses. In Will County, which includes suburbs south and southwest of Chicago, heroin overdose deaths reported by the Coroner's Office increased from 6 deaths in 1999, to 30 in 2011, and to 46 in 2012. These deaths declined to 39 in 2013, but in the first 14 weeks of 2014, there were 14 deaths, a rate greater than in 2012. Of the 39 overdose deaths in 2013, 45 percent of the decedents were age 25 or younger. Illinois enacted a "Good Samaritan" law in June 2012, which provides limited protections from prosecution for drug possession for persons seeking emergency medical assistance for themselves or other persons in response to a drug overdose.

## Other Opiates/Opioids

While narcotic analgesics were reported far less often than heroin in the DAWN ED database, weighted rates significantly increased between 2004 and 2011 for hydrocodone (by 106 percent) and for oxycodone (by 86 percent), but not for methadone. The age groups with the highest rates of narcotic analgesic use were 25–29-year-olds (104 per 100,000 population), 45–54-year-olds (99 per 100,000), and 34–44-year-olds (91 per 100,000).

Drug treatment episodes for other opiates/opioids as the primary drug of abuse decreased from 788 episodes in FY 2006 to 496 in FY 2007; this represents a 37-percent decline. A continued decrease to 197 episodes in FY 2011 may reflect budget reductions rather than diminished demand. Likewise, the increase to 248 treatment episodes in FY 2012 may reflect on a partial restoration of funds to increase treatment availability. Treatment episodes in FY 2012 for other opiates/opioids compared with other substances had a high proportion of females (at 49 percent) and White clients (at 52 percent). Clients older than 34 constituted the largest age group, but this proportion was substantially lower in FY 2012 (50 percent) than in FY 2007 (76 percent). Oral ingestion was reported as the most frequent route of administration (with 84 percent reporting that route of administration), and marijuana was reported to be the most common secondary drug. In other areas of the State, females (at 52 percent) and Whites (at 91 percent) constituted the majority of treatment episodes; the largest age group was 26–34-year-olds (41 percent); oral ingestion was reported as the most frequent route of administration by 78 percent; and marijuana was reported as the most common secondary drug (21 percent).

Of the top 25 drugs identified in reports among drug items seized and analyzed by NFLIS laboratories in 2013 (excluding acetaminophen and likely samples of levamisole), 6 were opiates/opioids other than heroin: hydrocodone ( $n=625$ ), codeine ( $n=166$ ), methadone ( $n=137$ ), oxycodone ( $n=116$ ),



buprenorphine ( $n=71$ ), and morphine ( $n=65$ ). A Vicodin® tablet with 7.5 milligrams of hydrocodone generally cost \$4–\$6 on the street.

### **Benzodiazepines/Barbiturates**

In Chicago, depressants such as benzodiazepines and barbiturates are commonly taken with narcotics to enhance the effect of opiates, frequently heroin, or to help alleviate symptoms of drug withdrawal. Depressants may also be taken with stimulants to moderate the undesirable side effects of chronic stimulant abuse, or when concluding “runs,” to help induce sleep and to reduce the craving for more stimulants.

In FY 2012, DASA reported 38 treatment episodes for benzodiazepines and 11 episodes for other prescription depressants in Chicago. Males (53 percent) and Whites (87 percent) constituted the majority of treatment episodes for benzodiazepines. NFLIS data indicated alprazolam (Xanax®) was the fifth most often identified drug report among drug items seized and analyzed in the Chicago MSA, and ethnographic reports indicated it was the benzodiazepine most often used by persons who used heroin or cocaine. Between 2011 and 2013, the number of reports of alprazolam in the NFLIS database increased by 44 percent (exhibit 2). Alprazolam typically sold for \$2–\$3 for 1-milligram tablets and for \$3–\$5 for 2-milligram bars.

### **Methamphetamine/Amphetamines**

Primary methamphetamine treatment episodes in Chicago steadily increased from 29 episodes in FY 2002 to 139 in FY 2006, before declining to 114 in FY 2007, 81 in FY 2009, and 60 in FY 2011. In FY 2012, methamphetamine treatment episodes increased to 123 (exhibit 1). Recent changes, however, may to some extent reflect budget reductions and then a partial restoration of funds. After a substantial increase in the proportion of episodes involving African-Americans seeking treatment for methamphetamine abuse, from 15 percent in FY 2005 to 47 percent in FY 2006, there was a decline to 30 percent in FY 2007 and to 10 percent in FY 2011. In FY 2012, the proportion of African-Americans increased to 26 percent. Males (representing 80 percent) continued to be more likely to seek treatment than females, probably because the use of methamphetamine in Chicago has been concentrated among the MSM population. The proportion who reported that smoking was the primary route of administration decreased from 65 percent in FY 2011 to 40 percent in FY 2012, while injection increased from 20 to 30 percent during that period. A more pronounced increase in methamphetamine treatment episodes was reported in the rest of the State. Treatment episodes increased from 698 in FY 2000 to a peak in FY 2005 at 5,134, but they declined to 4,879 in FY 2006 and then to 3,029 in FY 2007. There were 1,388 episodes in FY 2011 and 1,949 in FY 2012. These figures likely were first affected by budget cuts and then by a recent budget increase. Alcohol was the predominant secondary drug used with methamphetamine in Chicago (14 percent), followed by marijuana (7 percent). Elsewhere in the State, the predominant secondary drug was marijuana (33 percent), followed by alcohol (18 percent).

Primary methamphetamine treatment episodes outnumbered those for amphetamine in Chicago and in the rest of the State. In FY 2012, there were 51 amphetamine episodes reported in Chicago. Amphetamine treatment episodes in the rest of the State numbered 335 in FY 2007, 127 in FY 2009, 145 in FY 2011, and 280 in FY 2012. Treatment for amphetamine use in Chicago more often involved males (75 percent) than females; African-Americans and Whites represented nearly all

episodes and in equal proportions. Elsewhere in the State, females constituted 57 percent of treatment episodes, and 95 percent were White. Alcohol was the predominant secondary drug used with amphetamine in Chicago (17 percent), while elsewhere in the State marijuana was the predominant secondary drug (33 percent).

ADAM II data indicated that in 2011, only 0.8 percent of male arrestees at the Cook County Jail tested urinalysis-positive for methamphetamine.

ED weighted rates for methamphetamine mentions have been low since 2004, ranging from 1.7 to 3.1 per 100,000 population. The rate for 2011 (3.0 per 100,000) was not significantly higher ( $p < .05$ ) than the levels reported in 2004, 2009, and 2010.

According to NFLIS, 0.7 percent of drug reports among items seized and analyzed in Chicago in 2013 were identified as methamphetamine (exhibit 2). Most of the methamphetamine seized by the DEA's Chicago Field Division is produced in large laboratories based in Mexico and is bound for States other than Illinois.

According to the YRBS, lifetime use of methamphetamine among Chicago public high school students increased significantly from 1.5 percent in 2005 to 3.4 percent in 2011. Use was greater ( $p = 0.03$ ) among male students (4.4 percent) than among female students (2.0 percent). Interestingly, methamphetamine use among high school students was less prevalent in the State of Illinois than in the city of Chicago in 2007 (2.6 percent; CI=2.0–3.4), although this difference could be due to chance. For the State as a whole, use was lower among African-Americans (2.0 percent) than among Whites (2.9 percent) and Hispanics (2.5 percent).

Within Chicago, a low but stable prevalence of methamphetamine use has been reported for a number of years in the North Side gay community and more recently among some Asian ethnic groups. In the 2010 reporting period, COIP staff for the first time heard of modest availability of methamphetamine in some South Side African-American neighborhoods. In the January 2014 reporting period, staff for the first time learned of a methamphetamine laboratory in an African-American neighborhood.

The DEA's Chicago Field Division reported methamphetamine prices in FY 2012 ranging from \$10,000 to \$28,000 for a pound of "ice," which typically is smoked, and \$7,000–\$7,500 for a pound of powder, which typically is snorted. Ounce prices for these types of methamphetamine were \$1,000–\$2,400 and \$500–\$1,300, respectively, while gram prices were \$80–\$150 for ice and \$50–\$125 for powder.

## **Marijuana**

Marijuana continued to be the most widely available and used illicit drug in Chicago and in Illinois. Marijuana users represented 17 percent (6,625) of all treatment episodes in Chicago in FY 2012 (exhibit 1). The proportion of marijuana treatment episodes was similar to those for FYs 2007, 2009, and 2011. Marijuana-related episodes increased as a percentage of total episodes in Chicago between FY 2002 and FY 2007, reaching a peak number of 9,639 episodes in 2007. Alcohol remained the most commonly reported secondary drug among clients receiving treatment for marijuana (at 33 percent). There were higher proportions of primary marijuana treatment episodes for males (80 percent) than for females and for African-Americans (72 percent) than for other ethnicities.

Among arrestees in the ADAM II study, 58 percent tested urinalysis-positive for marijuana; this was the second highest proportion among the five sites. Males age 25 and younger were more likely to test positive for marijuana than were older male arrestees. When participants in the 2011 ADAM II survey were asked about their most recent purchase of marijuana, 62 percent said they used an outdoor drug market; this was a lower proportion than in 2010 survey reports (81 percent) but close to the 2008, 2009, and 2011 proportions (66, 63, and 69 percent, respectively).

The ED weighted rate for marijuana in 2011 (161 per 100,000 population) was the highest since 2004, but it did not significantly differ ( $p<.05$ ) from levels in 2004, 2009, and 2010.

According to the DEA, the bulk of marijuana shipments were transported by Mexico-based poly-drug trafficking organizations. The primary wholesalers of marijuana were the same Mexico-based organizations that supplied most of the cocaine, methamphetamine, and heroin in the Midwest. In addition, high-quality marijuana was brought from the west coast to Chicago by Whites involved in trafficking and from Canada by Chinese, Vietnamese, and Albanian traffickers. The DEA and the Chicago Police Department also reported increases in the number of local grow houses and the availability of marijuana produced locally (both indoor and outdoor).

The abundance and popularity of marijuana across the city has led to an array of types, quality, and prices. Marijuana prices may have increased since 2003. According to the DEA's Chicago Field Division, the price for 1 pound of marijuana in FY 2012 generally ranged from \$1,800 to \$4,800 for high quality grades such as sinsemilla and "BC Bud" and was \$400–\$700 for lower quality domestic and Mexican grades. Ounce prices for marijuana were \$250–\$500 for high-grade varieties and \$30–\$225 for low-grade varieties, according to the DEA. Ethnographic reports in Chicago for late 2012 found prices for high quality marijuana of around \$3,000 per pound and \$350–\$450 per ounce and low quality marijuana prices of \$800 per pound and \$90–\$100 per ounce. On the street, marijuana was most often sold in bags for \$5–\$35 or as blunt cigars.

NFLIS laboratories analyzed more marijuana/cannabis samples than samples for any other drug in 2013. Fifty-five percent of drug reports among items analyzed by NFLIS laboratories in Chicago in 2013 were identified as marijuana/cannabis (exhibit 2), a substantially larger proportion than for the Nation as a whole (33 percent). The number of NFLIS reports of marijuana/cannabis for the Chicago MSA has been declining, from 41,165 in 2011 to 37,087 in 2013.

According to the 2011 YRBS, lifetime marijuana use among 9th–12th grade public school students in Chicago was 14 percent lower than its 2001 peak of 49.3 percent, although the difference was not statistically significant. In 2011, 42.6 percent of students reported ever smoking marijuana. Marijuana use in the past 30 days was reported by 25.0 percent of students in 2011 (CI=21.4–28.9), compared with 22.2 percent (CI=19.2–25.5) in 2009; this difference was not statistically significant. In 2011, male students were somewhat more likely to report lifetime use than female students (45.8 and 40.0 percent, respectively). For Illinois as a whole, 45.4 percent (CI=40.2–50.7) of African-American students, 41.9 percent (CI=37.6–46.4) of Hispanic students, and 35.5 percent (CI=30.7–40.6) of White students reported lifetime marijuana use. Compared with 2001, the proportion of students who first smoked marijuana at an age younger than 13 significantly declined ( $p=.04$ ), from 15.5 percent in 2001 to 11.9 percent in 2011, although between 2009 and 2011, there was a nonsignificant increase from 9.6 to 11.9 percent.

## Synthetic Cannabinoids

In 2012, there were 284 reports among drug items seized and analyzed in NFLIS laboratories identified as compounds designed to mimic marijuana (synthetic cannabinoids); this was more than in 2011 ( $n=180$ ) but less than in 2012 ( $n=361$ ). There were 17 different synthetic cannabinoids identified among analyzed drug items in Chicago in 2013, and the most common was XLR-11 (at 62 percent of all such items), AM-2201 (14 percent of all such items), and UR-144 (at 13 percent of all such items). The sale of these drugs was banned in Chicago beginning January 1, 2012, and can result in a \$1,000 fine and the loss of a business license. In July 2012, Illinois designated some of these cannabinoid-mimicking drugs as Schedule I controlled substances.

## Other Drugs

### *MDMA (3,4-Methylenedioxymethamphetamine)*

In the Chicago area, “ecstasy,” MDMA, or drugs sold as ecstasy (primarily BZP [1-benzylpiperazine] and methylone [n-methyl-3,4-methylenedioxycathinone], a synthetic cathinone) continued to be the most prominently identified of the “club drugs.” Their use in Chicago appeared to be most common among African-Americans. In FY 2012, there were only 37 treatment episodes for MDMA use in Chicago and 45 in other areas of Illinois. Treatment episodes in Chicago more often involved males (81 percent), African-Americans (89 percent, an increase from 77 percent in 2011), and clients age 18–25 (54 percent). In other areas of Illinois, treatment episodes most often involved males (71 percent), Whites (53 percent) and African-Americans (34 percent), and clients age 18–25 (66 percent). In Chicago and other areas of Illinois, the most commonly reported secondary drug was alcohol (41 percent), while in other areas of Illinois it was marijuana (58 percent).

According to the YRBS, lifetime use of MDMA among 9th–12th grade students in Chicago was 3.3 percent in 2005, compared with 6.4 percent in 2007, 6.5 percent (CI=4.6–9.0) in 2009, and 6.9 percent in 2011 (CI=5.6–8.4). The increase from 2005 to 2011 was statistically significant. Hispanic students were more likely to report lifetime MDMA use (7.4 percent) than were African-American students (4.8 percent). The percentage of male students who reported lifetime use of MDMA was greater than the percentage of female students (8.7 versus 5.1 percent). None of these differences, however, were statistically significant.

The weighted rate for MDMA-involved ED visits was significantly higher ( $p<.05$ ) in 2011 compared with 2010 (by 71 percent) and 2004 (by 220 percent).

NFLIS reported an increase in the proportion of reports among drug items seized and analyzed for Chicago that were MDMA, from 0.8 percent in 2006 to 1.6 percent in 2009 and 2010; this was followed by a decline to 0.9 percent in 2011 and to 0.7 percent in 2012 and 2013 (exhibit 2). BZP is a drug often sold as, or in combination with, MDMA. Following large increases in the number of reports among analyzed drug items identified as BZP, from 15 in 2007, to 380 in 2008, to 1,188 in 2009, reports of BZP among drug items seized and analyzed by NFLIS laboratories then declined to 542 reports in 2010 and to 461 in 2011. BZP reports then increased in number to 639 in 2012 and to 584 in 2013, when they constituted 0.9 percent of all NFLIS items (exhibit 2). Methylone, which increasingly is sold as ecstasy or “Molly,” was the 11th most often reported drug ( $n=203$ ) in the 2013 NFLIS database (excluding acetaminophen and likely samples of levamisole). In comparison, there were



90 reports of methylone in 2012, 19 in 2011 and none in 2010. Methylone was the most common form of the 7 types of synthetic cathinones ( $n=484$ ) reported in the 2013 NFLIS database.

Ecstasy was generally reported to be easily acquired in street drug markets, although availability varied across the city. In some areas, ecstasy was reported by street sources to be sold by the same persons who sold heroin and cocaine. In other markets, it was sold by sellers who specialized in ecstasy. Ecstasy continued to be sold in pill or capsule form. Ethnographic reports indicated that 2013 retail prices ranged from \$5 to \$30 per pill, and the drug most often sold for \$10–\$20.

There have been increasing reports during the past few years of ecstasy use from participants in local studies of drug users. These reports indicate a ready presence of ecstasy—or drugs thought to be MDMA—in African-American neighborhoods. The principal users are in their teens and twenties, but some are older. This use of ecstasy occurs not only in the context of club-going and house parties, but also among street populations, including sex workers. Marijuana and alcohol are the drugs most often intentionally consumed in combination with ecstasy. Users commonly claim that ecstasy exists in “upper” and “downer” forms, which suggests the tablets include different combinations of drugs. Some users describe their experience with MDMA as a “rollercoaster,” meaning the effects of the drugs vary considerably from purchase to purchase. The fact that reports of MDMA in the NFLIS data are outnumbered by reports of piperazines, such as BZP, and synthetic cathinones, such as methylone suggests that these drugs may more often be present in drugs sold as ecstasy.

### *Foxy Methoxy*

“Foxy methoxy” (5-methoxy-N,N-diisopropyltryptamine [5-MeO-DIPT]), a tryptamine that produces a hallucinogenic experience for users, was the 13th ( $n=245$ ) most frequently identified drug report among drug items seized and analyzed by NFLIS laboratories in 2012, which was a decline since 2011. In 2013, there were only 22 reports of “Foxy methoxy.” Overall, reports of tryptamines in the NFLIS data declined from 403 in 2011, to 307 in 2012, and to 168 in 2013.

### *Synthetic Cathinones*

In 2013, there were 484 reports in NFLIS of psychoactive drugs in substances that are commonly marketed as “bath salts” (synthetic cathinones) among analyzed drug items. This is an increase from 159 reports in 2011, but it represents a decrease from 525 such reports in 2012. The prevalence of various forms of synthetic cathinones in 2013 changed notably compared with 2012. There were 203 reports of methylone (an increase from 90 reports in 2012) and 120 reports of Alpha-PVP (alpha-pyrrolidinopentiophenone) (an increase from 27 reports in 2012). Reports of MDPV (3,4-methylenedioxypyrovalerone) declined from 343 reports in 2012 to 95 in 2013. Other synthetic cathinones reported were 4-MEC (4-methyl-n-ethylcathinone), with 56 reports in 2013 and 34 reports in 2012; 4 reports of 4-methylmethcathinone (mephedrone), and 3 reports each for fluoromethcathinone and pentedrone (2-(methylamino)-1-phenylpentan-1-one).

### *GHB (Gamma Hydroxybutyrate)*

GHB is a central nervous system depressant with hallucinogenic effects. There were 10 GHB reports among drug items seized and analyzed by NFLIS laboratories in Chicago in 2013, down from 14 reports in 2012. GHB is not tracked in most other quantitative indicators, but its use is perceived to

be low in the Chicago areas compared with ecstasy. No prices were obtained for GHB during this reporting period.

### *Ketamine*

Ketamine, an animal tranquilizer, is another depressant with hallucinogenic properties that is often referred to as “Special K,” among other names. DASA did not report any clients treated for ketamine use in FY 2012 in publicly funded treatment programs in Illinois. The number of ketamine reports identified among drug items seized and analyzed by NFLIS laboratories declined from 63 in 2007, to 41 in 2008, to 28 in 2009, and then to 11 in 2010. Ketamine reports increased, however, to 50 reports in 2011 and then declined to 30 reports in 2012 and 34 reports in 2013 (exhibit 2). No prices were obtained for ketamine during this reporting period.

### *PCP (Phencyclidine), LSD (Lysergic Acid Diethylamide), and Other Hallucinogens*

In FY 2007, treatment episodes in Chicago for PCP totaled 60, and “other hallucinogens,” which includes LSD, totaled 25. PCP episodes increased to 126 in 2009, to 148 in 2011, and to 155 in FY 2012. There were 42 treatment episodes for other hallucinogens in FY 2012. The majority of treatment episodes for PCP occurred among African-Americans (78 percent), while males and females were nearly equally represented (52 and 48 percent, respectively).

In general, both PCP and LSD use in Chicago remained low, although street reports suggested PCP use was fairly common in some neighborhoods. NFLIS reports for PCP among drug items seized and analyzed in Chicago increased from 306 reports in 2011 to 536 (0.8 percent of all reports) in 2013. In 2013, there were 29 reports for LSD among drug items seized and analyzed by NFLIS laboratories (exhibit 2). Only 0.8 percent of arrestees sampled for ADAM II in Chicago in 2012 tested urinalysis-positive for PCP; this was the highest level among the five ADAM sites but less than the level in 2011 (1.4 percent).

Ethnographic reports on PCP use in 2013 suggested that PCP “sticks” about the size of toothpicks were reportedly available for \$5–\$20, with the most common price being \$10. LSD hits typically cost \$10–\$15.

## **INFECTIOUS DISEASES RELATED TO DRUG ABUSE**

There were 21,208 persons known to be living with HIV/AIDS in Chicago in 2010 and an estimated total of 25,000 persons infected when undiagnosed infections are included. Of the 953 new cases of HIV (not AIDS) diagnosed by the end of 2010, only 11 percent cited injection drug use as a risk factor; this proportion was well below the 26 percent reported in 2000. Male-to-male sexual contact continued to be the leading single mode of transmission (at 69 percent) of new HIV infections. Non-Hispanic African-Americans constituted 59 percent of new HIV diagnoses, despite constituting about 33 percent of the city’s population, while non-Hispanic Whites and Hispanics constituted 19 and 17 percent of new infections, respectively. While there have been declines since 2001 in new HIV infections among females that were attributed to either drug injection or to heterosexual contact, the latter began to increase after 2005, while injection-related cases continued to decline. SATHCAP data suggest that noninjection use of heroin and cocaine is a predictor of heterosexual HIV infection.

A considerable proportion of Chicago students in grades 9–12 continued to report behavior that may place them at risk for sexually transmitted diseases (STDs). Data from the 2011 YRBS suggested that 52 percent have had sexual intercourse, 36 percent did not use a condom during their last intercourse (despite only 12 percent using birth control pills), and 21 percent consumed alcohol or drugs before their last sexual intercourse. Many students also live in neighborhoods with a high prevalence of HIV and other STDs, which increases their chances of having a sexual partner who is HIV/STD positive.

The prevalence of HIV infection among the mostly low-income participants in the SATHCAP study was about 7 percent. Prevalence was highest (47 percent) among males who reported only male sex partners in the past 6 months. HIV prevalence was only slightly higher among injection drug users compared with noninjection drug users, which reflects declines in infections among the former and increases among the latter. Chicago has robust needle exchange programs supported by the Chicago Department of Public Health, and since the late 1980s, numerous other interventions aimed at increasing HIV testing and reducing HIV risk behaviors have been targeted at injection drug users.

Newly diagnosed HIV infections are most often found in Black men who have sex with men (MSM) and are younger than 30 years of age. In the NHBS survey, 50 percent of such men reported using any illicit substance in the past 12 months, a level that was slightly less than reported by White men (56 percent) and Hispanic men (51 percent) in the study. The use of drugs before or during the most recent sexual encounter was less often reported by young Black MSM (33 percent) compared with White men (40 percent) and Hispanic men (43 percent). The most commonly used drugs by young Black MSM were marijuana (47 percent) and “club drugs,” which most likely were drugs sold as ecstasy (18 percent). Almost no young Black MSM reported using methamphetamine (1 percent) or crack cocaine (1 percent) in the past 12 months.

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**Exhibit 1. Demographic Characteristics of Clients Served in Publicly Funded Treatment Programs, by Primary Substance and Percentage, Chicago: FY<sup>1</sup> 2012**

<b>Characteristics N=37,986</b>	<b>Heroin n=15,360</b>	<b>Cocaine n=5,665</b>	<b>Alcohol n=7,984</b>	<b>Marijuana n=6,625</b>	<b>Other Opioids n=248</b>	<b>Metham- phetamine n=123</b>
<b>Percentage of Total</b>	<b>40</b>	<b>15</b>	<b>21</b>	<b>17</b>	<b>1</b>	<b>&lt;1</b>
<b>Gender</b>						
Male	56	61	75	80	51	80
Female	44	40	25	20	49	20
<b>Race/Ethnicity</b>						
White	15	10	23	7	52	46
African-American	74	80	53	72	36	26
Hispanic	10	9	21	18	10	10
Other	<1	<1	1	1	1	11
Other Single Race	1	1	2	2	1	7
<b>Age</b>						
17 or Younger	<1	<1	3	40	2	0
18–25	5	5	10	32	13	24
26–34	12	11	22	17	36	33
35 and Older	83	83	65	11	50	44
<b>Route of Administration</b>						
Oral	3	7	100	3	84	20
Smoking	3	82	—	96	4	40
Inhalation	72	9	—	1	10	7
Injection	21	1	—	<1	14	30
<b>Secondary Drug</b>	<b>Cocaine: 29</b>	<b>Alcohol: 36</b>	<b>Cocaine: 21</b>	<b>Alcohol: 33</b>	<b>Marijuana: 14</b>	<b>Alcohol: 14</b>

<sup>1</sup>Fiscal year is July 1–June 30.

SOURCE: Illinois Department of Human Services, Division of Alcoholism and Substance Abuse (DASA)

**Exhibit 2. Drug Reports Among Items Seized and Analyzed by Forensic Laboratories, for Selected Drugs, by Number and Percentage of Total, Chicago MSA: CYs<sup>1</sup> 2011–2013**

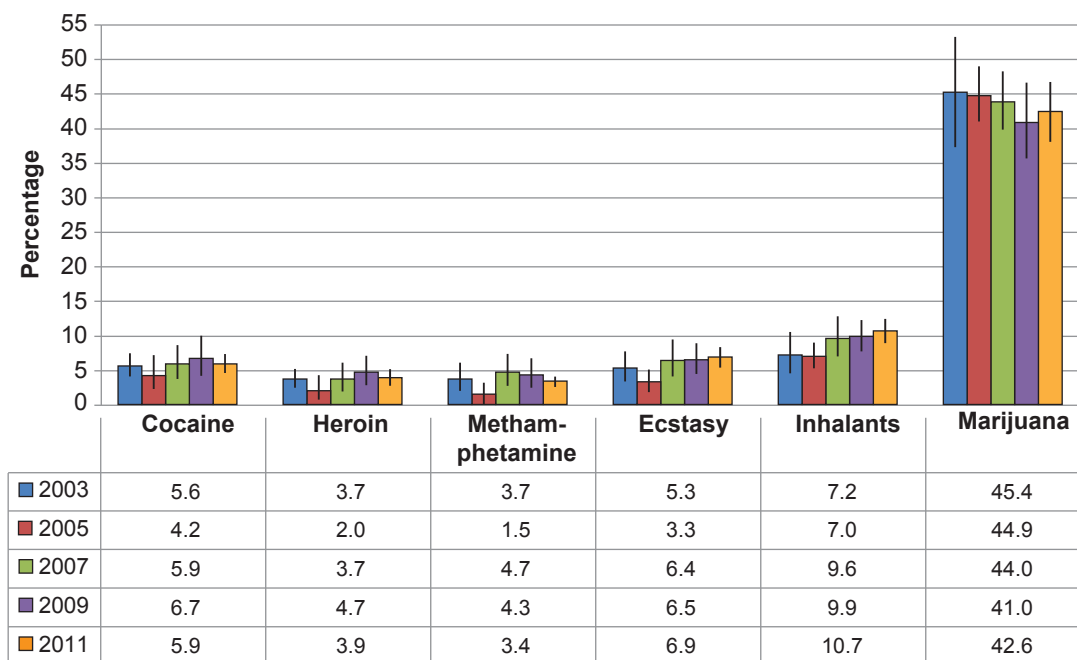
Selected Substance	2011		2012		2013	
	Number	Percentage	Number	Percentage	Number	Percentage
Marijuana/Cannabis	41,165	57.0	38,634	56.2	37,087	54.6
Heroin	11,214	15.5	12,300	17.9	13,533	19.9
Cocaine	13,727	19.0	11,162	16.2	10,650	15.7
Clonidine	6	0.0	2	0.0	10	0.0
Methamphetamine	287	0.4	229	0.3	278	0.4
MDMA (3,4 Methylenedioxy-methamphetamine)	677	0.9	451	0.7	470	0.7
BZP (1-Benzylpiperazine)	461	0.6	639	0.9	584	0.9
PCP (Phencyclidine)	306	0.4	451	0.7	536	0.8
Hydrocodone	641	0.9	663	1.0	625	0.9
Methadone	102	0.1	90	1.0	137	0.2
Alprazolam	419	0.6	488	0.7	605	0.9
Psilocin	94	0.1	121	0.2	111	0.2
Codeine	90	0.1	143	0.2	166	0.2
Diazepam	69	0.1	55	0.1	51	0.1
Clonazepam	85	0.1	101	0.2	119	0.2
Oxycodone	128	0.2	114	0.2	116	0.2
Amphetamine	149	0.2	166	0.2	184	0.3
Ketamine	50	0.1	30	0.0	34	0.1
Dextropropoxyphene	9	0.0	3	0.0	5	0.0
Morphine	76	0.1	56	0.1	65	0.1
Psilocybin	22	0.0	18	0.0	13	0.0
Lorazepam	25	0.0	43	0.1	36	0.1
Pseudoephedrine	13	0.0	4	0.0	2	0.0
Chlordiazepoxide	1	0.0	0	0.0	1	0.0
LSD (Lysergic Acid Diethylamide)	39	0.1	34	0.1	29	0.0
<b>Total Items Reported</b>	<b>72,261</b>	<b>100.0</b>	<b>68,776</b>	<b>100.0</b>	<b>67,870</b>	<b>100.0</b>

Note: Percentages may not sum to the total due to rounding.

<sup>1</sup>Drug reports of items seized and analyzed between January 1 and December 31 of each year (CY). Data are preliminary and subject to change.

SOURCE: NFLIS, DEA

**Exhibit 3. Percentage (With 95-Percent Confidence Intervals) of Lifetime Illicit Drug Use Among Public High School Students in Chicago, by Survey Year: 2003, 2005, 2007, 2009, and 2011**



SOURCE: YRBS, CDC